

# Neglect of Occupational Health in Public Health Planning

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THE occupational health of some 70 million American workers embraces not only health hazards "arising directly in and out of the course of employment," but health factors affecting the satisfaction and productivity of the worker. Over the years occupational health programs and services have usually been intimately associated with the place of work, outside the mainstream of public health practice. These activities have been neglected in official public health planning, and, with few exceptions at the Federal, State, and local level, they have been of little concern to public health agencies. Why?

Planning has been defined as the tangible thinking of management. Does the failure of public health planning to incorporate occupational health reflect a decision supported by reason and tangible thinking on the part of public health management? I doubt it.

Dr. Dwight Bissell, health officer of San Jose, Calif., provides the following criteria for the evaluation of public health plans:

1. Are they consistent with immediate and anticipated human needs?
2. Are they soundly grounded in an agency's philosophy and consistent with the philosophy of the health professions?
3. Are they based on accurate, imaginative, statistical, and community research?
4. Are they feasible and flexible enough to allow for the unexpected?
5. Are they consistent with available or providable funds and personnel?

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6. Are they acceptable to the community?

7. Are the plans simple enough to be interpreted to the staff and to the public?

8. Are they progressive? Are they designed to improve, strengthen, or focus the service in such a way that each point leads to improvement of performance or shapes relationships to the needs?

Dr. Bissell considers occupational health an area where public health planning at the local level is urgently needed. His accurate perception of public health needs in a modern industrial society is not, unfortunately, shared by all with similar responsibilities. We live in an era where change is so rapid in the technological environment that the sheer enormity of this change is overwhelming. Many, if not most, of the working materials and scientific precepts and practices of our health professions are but the product of some 50 short years. Thus the very structure of society, including its health, has been and is being transformed by the employment revolution—the change in the mode and manner of earning a livelihood.

Why, then, this neglect of occupation in health planning?

Traditional problems are a heritage for public health planners, who are still concerned with communicable disease control, child and maternal health, and the sanitation of food, water, and wastes, as well as the health of the chronically ill, the aged, and the indigent. Consequently, consideration of the occupational health of the employed adult, of the national importance of the health of the productive elements of our society, is frequently overlooked or relegated to a position of low importance.

Has public health planning become a victim

of traditionalism and adherence to practices in familiar but no longer urgent areas? An even more damning question: Has public health planning followed the easy road of fad funding, where the relative importance of a health problem is determined by its emotional appeal and available financial support? It is time for a realistic assessment of the health problems of the adult working population and a comparison of the importance of these problems with the health problems of other groups in our society.

An official health agency should pattern its action program about its philosophy and its mandate. By so doing, occupational health may be "measured for fit" within the organization. In some agencies occupational health is viewed as controversial; it treads closely to, and sometimes frighteningly into, the interactions of the economics of private enterprise, labor-management disputes, professional unrest, and community power struggles. However, if an official agency admits that because of its philosophy or position it cannot take action in occupational health, perhaps other planners will move into the void or convince the agency to change its philosophy and policies. In any case, it is time to stop lipservice homage to occupational health concepts as camouflage for nonexistent or ineffective action programs.

Many public health administrators are in danger of violating a first precept of good public health practice by failing to know and understand the total community. Today's total community is "industrial," be it an urban or rural area, with an industrial technology, an industrial culture, and an industrial or industrializing world. The industrial revolution has been a true revolution, in health terms as well as others.

On any working day in the United States, the environment and the interactions of 70 million Americans are bound up in, or directly affected by their work for some one-half of their total waking hours. Yet, among public health workers, there is an appalling lack of knowledge about the occupational environment and the impact and import of work as it relates to health. Too little accurate, imaginative, statistical, and community research in occupational health is carried out under the leadership of official agency public health planners.

To cope with the unexpected, and the unex-

pected happens daily in the industrial world, an occupational health program must be oriented toward occupational health problems, with available professional personnel in the various disciplines of occupational health services. There has been a lack of both in public health agencies which purport to cope with the problems of occupational health.

Sound planning in occupational health, followed by a dynamic program, translatable to the public and to a legislature will lead toward necessary funds and personnel. Those who decry lack of funds and personnel should ask themselves whether they have proposed a program of enough merit to deserve them.

Communities are hungry for occupational health programs. Employees are increasingly aware of an occupation's effect on their health. The control of the industrial environment brings to the employee a meaningful and easily visible working of the concepts of preventive medicine and preventive measures. Industrial management, being called on to pay the economic price of disease and illness, is recognizing the value of the timeworn adage that "prevention is cheaper than cure." Health, its maintenance, and payment for disease and illness of all types have become direct and rising costs of doing business. In addition, industrial management has come to view the prevention and mitigation of illness and disease, not only in economic terms but as a humanitarian function. Industry has a great and increasingly important role in community health needs and resources.

It would be more desirable for public health planners to have a simple, concise plan, which meets at least a part of the occupational health needs of the community, than to have a grandiose plan on which action, for some reason, never seems to be taken.

Occupational health stands in great danger of falling by the wayside between two emerging fields of public health. There has been tremendous interest and activity in chronic disease control and medical care on the one hand and in the control of water, air, and radiation pollution in the general environment on the other. Occupational health has become identified with neither and yet widely embraces both.

To convey the impression that all occupa-



tional health planning and activity has been dormant would be erroneous. Part of my criticism of official public health planners is that they have failed to perceive the tremendous surge of interest and activity in occupational health elsewhere in our society, and its significance to the public's health. For example, a look at the total resources and activities in preventive medicine in the United States reveals that there are more full-time physicians engaged in industrial and occupational medicine than there are full-time physicians working in general public health programs in all State and local health departments combined. Physicians practicing occupational medicine have risen in sheer numbers to the forefront of the preventive medicine movement.

Competition takes place in the public health arena much as in industry. With ever-increas-

ing limitations of personnel and dollars compared to rapidly increasing populations and problems, we must not squander our resources in unproductive and unnecessary ways, just as industry must conserve its potential, and apply astute judgment to growth and development and the channeling of its dollars into productive enterprise yielding at least a reasonable return on investment.

The byproducts of a wise course of action are healthy economic growth, attraction of new industry and further expansion of existing industry, strengthening of community organization, increased opportunities for material gains with resultant family security for community residents, and increased attention to problems of health plus increased availability of funds to help solve such problems. Hand in hand with economic and community growth, there is

a growth in education which is perhaps the keystone of all public health activities.

Growth and competition have contributed to increasing specialization, and herein lies one of the great dangers confronting health in industry and health and industry. As specialists, or professionals, we tend to isolate ourselves within our own comfortable and familiar cultural and professional environment. Health workers think only of human health and industrialists only about industry and industrial growth. Never before has there been a greater need for common understanding of the mechanisms, values, and rewards (as well as pitfalls) within each specialized area of human endeavor. It is difficult for the health worker to promote health in an industrial society if he truly does not understand such a society. It is equally difficult for the industrialist to comprehend the great values of community and occupational health if he does not understand the current thinking and significance of activities in health, particularly public health.

For all the gains made in the promotion of health in our industrial society, there is still a wide gap of misunderstanding and misapprehension separating industrialists and public health workers. Both groups will have to compromise if they are to be complementary to each other's goals. We in public health have been in great danger of failing to recognize and appreciate the tremendous changes which have taken place in our community over the past two or three decades. For various reasons, we have tended to neglect or not act on the health problems of the economically sufficient, productive members of our society, that is, employed workers. We must also teach industrialists about today's health, medicine, and sanitation. At this vital point of communication, orga-

nized occupational health can make a great contribution. Occupational health can translate public health into meaningful terms for the industrialist and receive in turn from the industrialist (and labor leader), who is usually a community leader, knowledge and a better understanding of today's community.

In summary, I submit occupational health has been neglected in official agency public health planning because:

- There has been a failure to realize the importance of occupation in the immediate and anticipated health needs of modern industrial society.
- Health agencies often have a philosophy inappropriate to modern industrial society and inconsistent with the health needs of the gainfully employed.
- Too often public health planners do not have accurate and imaginative community research into the scope and problems of occupational health within their communities.
- Frequently there has been a defeatist attitude regarding available or providable funds, rather than intelligent planning that would provide a firm basis for obtaining funds and personnel.
- Public health planners have not taken leadership roles in identifying occupational health programs as vital public health programs and thus increasing their community acceptance.
- Occupational health plans already formulated are often those designed "for the books" and for lipservice homage.
- There has been a failure of imaginative leadership in realizing the potential of a good occupational health program as a means of improving, strengthening, and focusing a community's attention on its general public health problems.